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## Chapter 14 Child Victimization

### Abstract

This chapter will provide an overview of child victimization, its effects, and the need for services and program strategies critical to help the child and his or her family cope with the trauma of victimization. It addresses the broad scope of child victimization and its effects; emotional and communicative levels of children based upon age; and appropriate responses for general support services. In addition, this chapter focuses on providing support and services to child victims and witnesses if they are required to participate in the criminal justice process.

### Learning Objectives

Upon completion of this chapter, students will understand the following concepts:

- Federal initiatives for crimes dealing with child victimization.
- The types of child abuse and neglect most commonly reported.
- The short- and long-term emotional consequences of children who witness or experience victimization.
- A multi-disciplinary approach to administering victim services for child abuse.
- Child victims in the criminal justice process.
- Promising practices that improve services to child victims and witnesses and their families.

### Statistical Overview

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- In 2004, the U.S. Department of Health and Human Services estimates that 872,000 children were victims of abuse or neglect (DHHS, April 2006).
- In 2004, 1,490 children died, most of which were under the age of four.
- Parents continue to be the main perpetrators of child maltreatment. In 2004, more than 80% of all reported victims were maltreated by one or both parents.
- Almost 50% of the children who die from maltreatment in the United States are already known to child protection (NRCCSA 1996).

- In 1998, there were an estimated 749,100 missing juveniles reported to the police and entered into the FBI's National Crime Information Center. The circumstances under which juveniles were missing follows:
  - 97,200 juveniles were missing in the company of another person under circumstances indicating that his or her safety was in danger (NCMEC 1999).
  - 28,745 juveniles were missing under circumstances indicating that the disappearance was not voluntary (NCIC 1999, 1).
- Since the National Center for Missing and Exploited Children began tracking newborn baby abductions from hospitals in 1983, 1999 marks the first year that not a single report of a newborn baby being kidnapped by a nonfamily member was made from a hospital nationwide (NCMEC March 2000).
- Based upon research released in 1999, 43 percent of male adolescents and 35 percent of female adolescents have witnessed violent crimes such as seeing someone shot with a gun, knifed, sexually assaulted, mugged, robbed, or threatened with a weapon. The study excluded the 30% of adolescents who had directly observed someone being beaten up or badly hurt which, had it been included, the prevalence of witnessing violence would have risen to 72% (Kilpatrick and Saunders 1999).

### **Introduction**

So long as little children are allowed to suffer, there is no true love in the world.

-- Isadora Duncan

Every day children in America are beaten, sexually abused, and murdered-- frequently by members of their own family, family friends, or others known to the victims. Children not targeted for physical acts of victimization may have to endure emotional abuse and neglect or suffer the trauma that the experience of domestic violence inflicts on their lives. Forced to deal with pain, humiliation, anger, and fears that even adults would find hard to face, abused children are not only robbed of their childhood happiness, innocence, and trust in the good intentions of their kindred relations, but many also go forward in life as severely dysfunctional human beings. Devastating long-term effects of child abuse may wreak havoc in their adult lives, particularly in their abilities to maintain healthy relationships with others.

Convincing evidence has accumulated throughout the 1990s that many abused children, without therapeutic intervention, will grow up to be at great risk for revictimization. Surveys of battered women, sexual assault victims, and incarcerated felons all demonstrate surprisingly high rates of child abuse among the participants.

Critical to the eventual well-being of victimized children is not only the prompt identification of their abuse and appropriate measures taken to ensure their safety but also sensitive assessments of their physical and mental health, and emotional and psychological support when and if they must negotiate the criminal justice system.

Victim service professionals must arm themselves with a thorough understanding of the problem of child victimization; be knowledgeable about the "cutting-edge" programs and strategies that have been developed to assist child abuse victims; understand and utilize the resources that have been designed to meet the emerging needs of child victims and their families; and work in collaboration with allied professionals on child abuse prevention and intervention initiatives.

### **Historical Overview of Child Victimization**

Maltreatment of children is deeply entwined with the defining and redefining of historical values. Regarded as the property of their parents for much of history, children were abandoned, abused, maimed, sold in bondage, or killed by their parents with no legal consequences. Young children assumed adult roles at an early age and infanticide was an accepted means of ridding the mother or the family of an unwanted burden. While modern society has slowly evolved from viewing children as property to recognizing that children have rights of their own, reforms for child protection have been slow to emerge (Tower 1993).

Substantive child care reforms appeared in America at the end of the 1800s with the opening of settlement houses ensuring food and shelter for children, the enactment of tentative labor laws protecting children, and the emergence of social service agencies.

Through the efforts of the Society for the Prevention of Cruelty to Children (SPCC) formed in 1875, issues surrounding children and their right to protection began to take hold. In 1912, the White House formed the Children's Bureau to oversee the welfare of the nation's children; in 1915 the Children's Welfare League was established; and in 1930, the Social Security Act was amended to mandate child welfare and protective services.

During the late 1950s and early 1960s, the controversial issue of child physical abuse first surfaced publicly. Until this time, it was generally accepted that a parent had the right to discipline a child as he or she saw fit. The establishment of the National Center for the Prevention of Child Abuse in 1972 helped to focus the federal government's attention on the issue of child protection and prompted Congress, in 1974, to enact The Child Abuse Prevention and Treatment Act to provide government funding for the National Center on Child Abuse and Neglect and to federally assist, for the first time, the study of the problem of child abuse and neglect.

Oversight for the Center was placed with the Department of Health, Education and Welfare. Since the Act's passage, all states have enacted numerous legislative initiatives to assist in the detection, reporting, and treatment of child abuse. As a result of the Children's Justice Act Amendments of 1986 to the Victims of Crime Act, funding has become more readily available for the continued study of and the development of interventions in child abuse and neglect. Many national, state, and local organizations now exist to aid in the education of protective services professionals and the detection and delivery of services to America's child victims.

### **Federal Legislation and National Programs**

A review of the legislative initiatives and national programs of the past three decades shows that the recommendations of the 1992 President's Task Force on Victims of Crime, four of which specifically address increasing rights and protections for children, have been met and exceeded.

- In 1974, the Child Abuse Prevention and Treatment Act established the National Center on Child Abuse and Neglect within the Department of Health and Human Services to assist professionals who work with children who have been physically or sexually abused or neglected. The Center supports the National Clearinghouse on Child Abuse and Neglect Information and a national data archive.
- In 1978, the American Bar Association launched the ABA Center on Children and the Law to improve children's rights, the response of court systems, and the quality of legal work in child protection cases. Among its programs, the Center operates a National Child Welfare Resource Center on Legal and Court Issues supported by the U.S. Department of Health and Human Services.
- In 1984, the Missing Children's Assistance Act established a clearinghouse and national resource center dedicated to helping exploited children. Since its creation, the National Center for Missing and Exploited Children has handled more than one million calls to its twenty-four-hour hotline, distributed millions of publications, and provided advice and technical assistance to thousands of parents, prosecutors, law enforcement officers, and child services professionals (Widom 1992).
- In 1985, the National District Attorney's Association established the National Center for Prosecution of Child Abuse. The Center has improved the investigation and prosecution of child abuse crimes nationwide through training and technical assistance to prosecutors and allied professionals.
- In 1986, the Children's Justice Act gave states funds for interdisciplinary training programs, interagency protocols for referrals and joint interviews, and the creation of children's advocacy centers or similar programs encouraging partnerships among agencies for joint investigations. The Act has since been amended to allow funding for the improvement of civil and

criminal court responses to child abuse and for the establishment of interagency child fatality review teams.

- In 1990, the Victims of Child Abuse Act established rights and services for child victims of federal offenders. The Act added a new section to the Federal Rules of Criminal Procedure codifying innovative child witness reforms. They included alternatives to in-court appearances through closed-circuit television testimony or videotaped depositions; a presumption of child witness competency; privacy protections; courtroom closure provisions; authority for appointments of guardians ad litem; provisions for a supportive person to accompany the child during court appearances; speedy trial provisions; authority for judges to permit child witnesses' use of anatomical dolls; and consultation with multidisciplinary teams. The Act was amended in 1993 to provide funding to support local children's advocacy centers and to establish regional training centers to help communities establish interagency teams to respond to child abuse cases.
- In 1993, the National Child Protection Act provided authority for conducting criminal background checks for child care providers nationwide and required states to report child abuse crime information to the FBI's criminal record system.
- In 1994, the Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act provided financial incentives for states to enact sex offender registration requirements. Following passage of the Act, a number of states required offenders convicted of state crimes against children to maintain a current address with state law enforcement authorities for ten years after release from prison, parole, or community supervision.
- The Child Protection and Sexual Predator Punishment Act of 1998 addresses protection for children from sexual predators and child pornography and prevention of sexual abuse. It prohibits the transfer of obscene material to minors, and increases penalties for offenses against children and for repeat offenders. Furthermore, the Act amends the Child Abuse Act of 1990 by requiring online service providers to report evidence of child pornography offenses to law enforcement agencies. (Public Law 105-314: The Child Protection and Sexual Predator Punishment Act of 1998, October 30, 1998.)
- In 1999, the International Center for Missing and Exploited Children was created to address cases involving child abduction and exploitation that cross national borders.
- The Missing, Exploited, and Runaway Children Protection Act of 1999 amends the Runaway and Homeless Youth Act to include findings that it is the responsibility of the federal government to: assist in the development of an accurate national reporting system on runaway and homeless youth; conduct a study of a representative sample of runaways to determine the percentage who leave home because of sexual abuse and report to Congress; and make grants to nonprofit private agencies to provide street-

- based services to runaway, homeless, and street youth, who have been subjected to, or are at risk of being subjected to, sexual abuse, prostitution, or sexual exploitation. (Public Law No. 106: The Missing, Exploited, and Runaway Children Protection Act, October 12, 1999.)
- The Child Abuse Prevention and Enforcement Act and Jennifer's Law signed into law on March 10, 2000, modifies the parameters of certain federal grant programs to: increase funds available for improved enforcement of child abuse and neglect laws; promote programs for improved child abuse and neglect prevention; establish cooperative programs between law enforcement and media organizations to collect, record, retain, and disseminate information useful in the identification and apprehension of suspected criminal offenders; and authorize grant awards to enable states to improve the reporting of unidentified and missing persons. (Public Law No: 106-177: Child Abuse Prevention and Enforcement Act and Jennifer's Law, March 10, 2000.)

## **FEDERAL INITIATIVES**

In 1994, The Violent Crime Control and Law Enforcement Act created several new federal initiatives for crimes dealing with children. These provisions address the following areas: registration of sexually violent offenders; local, state, and federal coordination; repeat sex offenders; and child sex tourism. In addition, federal law now provides for community notification of the release of predatory sex offenders.

***Registration of sexually violent offenders.*** The Attorney General of the United States is directed under the Act to establish guidelines for state programs that require persons convicted of certain crimes against children--kidnapping and sexual misconduct--to register their addresses with an appropriate state law enforcement agency upon their release from prison. This registration requirement continues for ten years after the offender is released from imprisonment or placed on probation.

In cases where the crime committed was "sexually violent," the registration requirement applies to persons committing an offense against an adult or a child. In such cases, "sexually violent" predators must remain registered until a court determines that they no longer suffer from a mental abnormality that would make a predatory sexually violent offense likely.

***Local, state, and federal coordination.*** The Act also requires local, state, and federal law enforcement agencies to share information. For example, the Act requires that state law enforcement agencies must transmit a copy of the conviction data and fingerprints to the Federal Bureau of Investigation. In addition, the Act establishes that the failure of a state to implement the registration program subjects the state to a 10 percent reduction in funds allocated under the Department of Justice's Byrne Grant program.

**Repeat sexual offenders.** The 1994 Act doubled the maximum prison term applicable to repeat sexual offenders. Specifically, if an offender commits a sexual abuse or sexual contact offense under federal law after one or more prior convictions for a federal or state sexual abuse or sexual contact offense, the maximum term of imprisonment is doubled.

**Child sex tourism.** A new "child sex tourism" offense was created under the 1994 Violent Crime Control and Law Enforcement Act that makes it illegal for a U.S. citizen or permanent resident to travel in interstate or foreign commerce with the intent to engage in sexual acts with a minor that are prohibited under federal law in the United States. This provision applies even if these acts are legal in the destination country.

In 1996, the Child Pornography Prevention Act included as a form of child pornography any computer-generated, or "morphed" depiction of a child engaged in sexually explicit conduct. The new statute considers the motives of the producers and the intended audience, as well as the presumed harm to the victim, as justification for prohibiting this form of pornography.

In 1996, the federal Megan's Law amended the Jacob Wetterling Act to provide for the notification of a community regarding the presence of a registered sex offender. The law was passed to better protect children from known sex offenders. Many state laws patterned after New Jersey's "Megan's Law" will allow parents to better protect their children from *known* sex offenders.

## **STATE LAWS PROTECTING VICTIMS**

Numerous state laws now exist to protect children from physical and sexual abuse and to provide an array of rights and services for child victims who participate in the criminal justice process. Reforms on behalf of children have taken place at every step of the criminal justice process, from the initial reporting of abuse through the investigation, prosecution, and disposition of convicted offenders. Many of these reforms expedite the adjudication of child abuse cases, limit the number of investigative interviews with child victims, and provide advocacy for child victims in criminal courts. These reforms were considered radical a decade ago but are now common practice in many communities. More can be done, however, to protect the rights and improve the treatment of all child victims. As a first step, special protections for child victims participating in the criminal justice system must be made consistent nationwide (OVC 1998, 385-6).

"Cassie's Law," signed on April 3, 2000, in Idaho, amends existing domestic violence laws to include acts of violence in a dating relationship against a minor child by a person with whom the child is having a dating (social relationship of a romantic nature) relationship. The law specifies that a custodial or non-custodial parent or guardian of a minor child may file a petition for a dating violence

restraining order to protect the minor child from the abuser. (SB# 1523aaH, State of Idaho, April 3, 2000.)

Some states are modifying laws to assist child witnesses of crime and awarding them crime victim compensation. For example, the California State Board of Control (SBOC) has recently expanded the definitions of victims of crime so that children who witness an act of domestic violence are now presumed to have sustained injury and are eligible for a higher level of Crime Victims Restitution. (Government Code #13960 (B) (3) Chapter 584 Statutes of 1999 (California Assembly Bill 606) January 1, 2000.)

### **Types of Child Victimization**

Child abuse has been classified into five groups. Frequently, although not necessarily always, types of abuse occur in combination:

- Physical abuse.
- Emotional abuse.
- Sexual abuse.
- Neglect.
- Missing and exploited children.

Abuse of children can be characterized neither by race or religion nor by standard of living or level of education. Family members, community leaders, acquaintances, coaches, teachers, and total strangers commit child abuse in every kind of environment, urban, suburban, or rural. It is important to point out that the law defines physical abuse, neglect, and emotional maltreatment as acts committed by parents or other caregivers. A stranger or an acquaintance is not subject to charges of physical abuse or neglect of a child. However, sexual abuse can be committed by parents, caregivers, friends, and strangers--anyone who gains access to the child.

(Portions of the following five sections concerning forms of child abuse are excerpted from *For Kids Sake: A Child Abuse Prevention and Reporting Kit*, Oklahoma State Department of Health, Office of Child Abuse Prevention, Guidance Services.)

### **PHYSICAL ABUSE**

Most often classified as a nonaccidental injury to a child under the age of eighteen by a parent or caregiver, *physical abuse* occurs when a parent or caregiver willfully injures, causes injury, or allows a child to be injured, tortured, or maimed out of cruelty or excessive punishment. Statutes in many states



permit the prosecution of a parent who has knowledge of but fails to protect his or her child from physical abuse from others, such as grandparents, boyfriends, and spouses. Nonaccidental injuries may include beatings, shaking, burning, immersion in scathing water, broken bones, internal injuries, human bites, cuts, and bruising, or other injuries inflicted on children. Rarely a singular incident, the abuse of a child is generally an action repeated over time that can result in permanent disability, scarring, or death. Some children who only know family interactions through violence or physical abuse may equate it with love from an adult role model. At the same time, an abusing parent will often cast blame for the abuse on the child who, in turn, may feel that he or she deserves it.

## **EMOTIONAL ABUSE**

Mental health professionals recognize *emotional abuse* and *emotional neglect* as two forms of child emotional maltreatment. The former consists of a chronic pattern of behavior in which the child typically is belittled, denied love to promote specific behavior, marginalized from the siblings, or subjected to extreme and inappropriate punishments. The latter is characterized by the failure to provide a child with appropriate support, attention, and affection. Occurring alone and coupled with other forms of abuses, emotional maltreatment can impair the psychological growth and the emotional development of the child. Indicators for emotional abuse unfortunately mimic many medical and psychological conditions and complicate its diagnosis.

## **SEXUAL ABUSE**

*Child sexual abuse* is the exploitation of a child or adolescent for another person's sexual and control gratification. Family members, trusted friends, acquaintances, child-related community program personnel, day care workers, and other paid caregivers as well as strangers are known perpetrators. Child sexual abuse ranges from acts such as oral and genital stimulation and penetration to voyeurism and the involvement of a child in prostitution or the production of pornography. Children tend not to disclose abuse when it first happens and may allow it to continue, sometimes for many years before an incident or confrontation provokes them to reveal crimes of sexual abuse.

***Fabrication of sexual abuse.*** Fabricated reports of sexual abuse do occur and the highly publicized cases that have resulted in acquittals have raised doubts about the credibility of child reporting. It is estimated that knowingly false reports occur in less than ten percent of reported cases (Besharov 1988). Most children do not fabricate tales of sexual abuse, and the child protective service professional should not allow the possibility of a false allegation or false memory to prevent a thorough investigation of the report.

***Intrafamilial sexual abuse.*** Sexual abuse is committed most often by individuals known to the child. Whether the abuser is a blood relative who is part of the

nuclear family or a surrogate parent such as a live-in companion, stepparent, or older sibling, family members are frequently responsible for child sexual abuse. The family will likely be dysfunctional in other areas. It may have been destabilized by alcohol and substance abuse or severe spousal discord with a history of physical violence.

**Acquaintance perpetrators.** Acquaintance perpetrators such as family friends, neighbors, teachers, coaches, religious leaders, and peers normally will win the confidence of the child through his or her affiliation with the family or community. They tend to prey on children whom they know are experiencing home, school, or personal problems, children with low self-esteem, and children who are unsupervised. Perpetrators who command positions of respect due to positions in community affairs such as church, civic, and business affiliations are more likely to intimidate or threaten the child once sexual abuse has occurred. There has been a marked increase in the number of juvenile perpetrators committing sexual abuse.

**Stranger sexual abuse.** "Stranger" sexual abuse, frequently referred to as pedophilia (although the term describes any individual who has a sexual preference for children), is by far the most publicized form of child sexual abuse but comprises only 10 percent of all reported cases. There is no evidence that perpetrators choose child victims based on race, but there is a correlation to increased victimization of children of lower socioeconomic groups. Some pedophiles specifically marry women with children so that the risks of sex with children are minimized and protected under the veil of "normalcy;" therefore, cases of incest may include factors of pedophilia (Tower, 1993).

**On-line sexual predators.** A new breed of child abuser is developing as a result of children's increased and often unsupervised recreational use of the Internet. Investigations of computer sex offenders demonstrate that on-line sexual predators roam chat rooms and post sexually explicit material on the Internet to make contact with young children and teenagers. Victimization may be indirect and limited to showing a child pornographic sites to initiating sexually overt conversations in a chat room, by e-mail or instant messages.

More aggressive predators will spend time developing relationships with vulnerable children. Eventually, they may introduce them to photographs of children engaging in "normal" sex with adults, send them gifts, and contact them by telephone. Typically they will try to gain their trust, alienate them from their family, and eventually try to set up a meeting. Some on-line sex offenders have gone so far as to send plane tickets to children to fly across the country to meet them.

Powerful concerns over access to potentially dangerous sites on the Internet have surfaced in response to the recent tragedy at Columbine High School in Littleton, Colorado, and prompted TIME/CNN to conduct a telephone poll of 409

American teenagers from ages thirteen to seventeen on April 27-29, 1999, to discuss their Internet experiences (Yankelvitch 1999). Answers to the following questions offer some indication as to the type of negative encounters they may have on-line:

- Have you ever encountered people online whom you suspect are pretending to be someone they are not?
  - 72% of the girls replied yes.
  - 57% of the boys replied yes.
- Have you ever encountered people online who say offensive things?
  - 66% of the girls replied yes.
  - 54% of the boys replied yes.
- Have you ever encountered people online who want personal information like your address or phone number?
  - 58 percent of the girls replied yes.
  - 39 percent of the boys replied yes.

Debate over the control of Internet pornography and on-line solicitations of sex continues in the high courts of the country. In June 1997 in the case of Janet Reno, Attorney General of the United States et al. Appellant v. American Civil Liberties Union et al. on appeal from the United States District Court for the Eastern District of Pennsylvania, Justice Stevens delivered the most recent opinion of the Court:

At issue is the constitutionality of the two statutory provisions enacted to protect minors from "indecent" and "patently offensive" communications on the Internet. Notwithstanding the legitimacy and importance of the congressional goal of protecting children from harmful materials, we agree with the three judge District Court that the statutes abridge " the freedom of speech" protected by the First Amendment. [n.1]

(Portions of the material in the preceding section have been excerpted from *A Parent's Guide to Internet Safety*, National Center for Missing and Exploited Children.)

***Child trauma reactions to sexual abuse.*** Children who are hiding their sexual abuse inevitably have feelings of shame or guilt; they fear the loss of affection of family and friends; and they experience low self-esteem and frustration about the loss of control over their lives in not being able to stop the abuse. They also may fear that disclosure will harm other family members, often based upon real threats made by the perpetrator to harm the child's loved ones, or the child himself or herself. Once a disclosure is made, children may retreat from family

members and friends. Depending on how they process their anger, they may become deeply depressed and even consider suicide. Abused children may become angry with those whom they blame for failing to protect them. Older children may reenact sexual abuse by abusing other children, by becoming sexually precocious, and/or using vulgar language.

## **CHILD NEGLECT**

Neglect is defined as the chronic failure of a parent or caretaker to provide a child under the age of eighteen with basic needs such as food, clothing, shelter, medical care, educational opportunity, protection, and supervision. The incidence of child neglect in the United States is estimated to be as much as five times greater than that of physical abuse. Reasons for neglect, in addition to the most obvious of a determined, willful act on the part of a parent or caregiver, can include poverty, lack of education, cultural beliefs and customs, mental or emotional illness, and/or a lack of socialization skills on the part of the parent.

## **MISSING AND EXPLOITED CHILDREN**

Each year thousands of children run away from home to escape physical or sexual abuse or neglect while others are forced out of the home by their parents. Unfortunately, many end up on the streets. Without legitimate means of support and a safe place to stay, they are often victimized again through pornography, sexual exploitation, and drugs (NCMEC 1992b).

Abduction by a parent is considered a crime against the child when he or she is kidnapped from custodial parents. Although some parents claim they are taking the child to protect him or her from further abuse, many abduct their children out of anger over a custodial arrangement ordered by the court. These children may be placed at great risk both physically and emotionally. Frequently, a lack of finances to support the child and a constant change in living conditions leave the child emotionally scarred. Abduction by strangers is less common, but when it occurs, the child's chance for survival is significantly lowered.

(Portions of the preceding section excerpted from a National Center for Victims of Crime grant project, funded by the Office for Juvenile Justice Delinquency and Prevention Programs, 1992-1994.)

In 1998, there were an estimated 749,100 missing juveniles reported to the police and entered into the FBI's National Crime Information Center (NCIC 1999, 1).

The link between missing and sexually exploited children is a strong one. For example, from July 1980 through February 1984, the police/social work team of the Louisville/Jefferson County Exploited and Missing Child Unit (EMCU) in Kentucky investigated approximately 1,400 cases of children suspected of being

victims of sexual exploitation. A full 54 percent (756) of the children were found to be victims and an additional 31 percent (434) of the children were considered probable victims (NCMEC 1992a).

Sexual victimization of these homeless children occurs in every state. Outreach workers in New York City estimate that children as young as eight years old are forced to prostitute themselves for money, affection, and drugs. Some children are held in virtual bondage. They have multiple sex partners on a daily basis and are bought and sold by exploiters (NCMEC 1992b).

Sexual exploitation has been defined in a number of ways, but in this chapter, the term means the use of a minor under the age of eighteen for sexual purposes by an older person in any or all of three ways:

- Child pornography.
- Child prostitution.
- Computer solicitation (EDC 1995).

Child sexual exploitation cases raise unique issues that are not anticipated in existing child sexual abuse protocols. These cases tend to feature the additional complexities of concurrent federal and state jurisdiction, and many (especially cases of child prostitution) involve a particularly challenging group of victims.

The investigation and prosecution of cases involving sexual exploitation of children and youth can raise complex problems for criminal justice agencies:

- These cases often require a coordinated, proactive investigation.
- They sometimes involve victims who are also offenders.
- They often cross jurisdictional boundaries, potentially involving federal, state, and local authorities (Ibid. 1995).

Criminal justice agencies and victim service providers must recognize and attend to the needs of sexually exploited children and youth. These victims are subject to serious short- and long-term consequences that can impair their physical and mental health and inhibit them from cooperating in the investigation. Many exploited youth suffer from having been manipulated rather than explicitly coerced into these activities. As a result, they may feel responsible for, or at least complicit in, the sexual behaviors. Young victims of pornography have lost control over images of themselves in print, on film, or in computer memories. These images may surface to haunt them at any time in their lives (EDC 1995).

Each state and the federal government criminalize some aspect of child prostitution. The federal government's primary law criminalizing child prostitution

is the "Mann Act," which proscribes the transportation of individuals under the age of eighteen in interstate or foreign commerce with the intent that the individual engage in prostitution or any sexual activity for which any person can be charged with a criminal offense. State laws are generally broader and focus on persons who advance, promote, or induce prostitution. They rarely penalize patrons of child prostitutes. It may, however, be possible to prosecute patrons of child prostitutes under child sexual abuse or statutory rape laws (EDC 1995).

It is important to remember that these laws apply equally to situations involving very young children and to cases involving older teenagers. They are, for example, just as relevant to a parent who offers a seven-year-old for sexual activities as they are to a pimp who controls several teenaged girls (EDC 1995).

### **The Effects of Abuse**

Longitudinal research has identified a significant link between childhood abuse and both future delinquency and adult criminal behavior:

- In one of the most detailed studies of the issue to date, research sponsored by the National Institute of Justice found that childhood abuse increased the odds of future delinquency and adult criminality overall by 40 percent. Being abused or neglected as a child increased the likelihood of arrest as a juvenile by 53 percent, as an adult by 38 percent, and for a violent crime by 38 percent (Widom, 1992).
- People who were sexually victimized during childhood are at higher risk of arrest for committing crimes as adults, including sex crimes, than are people who did not suffer sexual or physical abuse or neglect during childhood. However, the risk of arrest for childhood sexual abuse victims is no higher than for victims of other types of childhood abuse and neglect (Widom 1995).
- The vast majority of childhood sexual abuse victims are not arrested for sex crimes or any other crimes as adults (Ibid.).
- Compared to victims of childhood physical abuse and neglect, victims of childhood sexual abuse are at greater risk of being arrested for one type of sex crime: prostitution. (Ibid).
- For the specific crimes of rape and sodomy, victims of physical abuse tended to be at greater risk for committing those crimes than were sexual abuse victims and people who had not been victimized. (Ibid).

In April 1997, the National Institute of Justice released a summary of research, "Prevalence and Consequences of Child Victimization," conducted by Dean Kilpatrick and Benjamin Saunders of the Crime Victims Research and Treatment Center at the Medical University of South Carolina. The report's preliminary findings on the mental health impact of child victimization are highlighted below:

- A significant number of the youthful population have been victims of sexual and physical abuse and have personally witnessed incidents of violence.
- Of the nation's 22.3 million adolescents ages twelve to seventeen, approximately 1.8 million have been victims of a serious sexual assault, 3.9 million have been victims of a serious physical assault, and almost 9 million have witnessed serious violence. Nearly 2 million appear to have suffered (and more than 1 million still suffer) from posttraumatic stress disorder (PTSD) a long-term mental health condition often characterized by depression, anxiety, flashbacks, nightmares, and other behavioral and physiological symptoms. About 3.4 million adolescents have been drug or alcohol abusers as well.
- Among adolescents who have been physically assaulted, 23.4% developed PTSD and 14.8% still suffer from it, compared to 10.8% and 4.5% respectively, among nonvictims.
- More female than male adolescents had been sexually assaulted: 13% of females versus 3.4% of males. Sexual assault was defined in the study as "unwanted but actual sexual contact." The researchers noted that this did not include unsuccessful attempts at contact or noncontact victimization such as exhibition.
- Respondents indicated that young males had significantly higher rates of being physically assaulted than females: 21.3% v. 13.4%. Behavior that the study considered to be a physical assault included being attacked or threatened with a weapon; being badly hurt from a beating; or being attacked without a weapon but with the intent to kill or seriously injure.

The researchers note that the confirmation of the study's hypothesis that there is a correlation between victimization experiences, PTSD, and delinquency awaits completion of data analysis. However, preliminary findings indicate the significance of child victimization as a risk factor for adolescents to develop major mental health problems and to abuse alcohol as a means of coping with PTSD. These problems are often a precursor of delinquent behavior (OVC 1998).

A 1997 survey, recently published by the Bureau of Justice Statistics that specifically investigated child abuse histories among prison and jail inmates, determined that a high percentage of inmates had experienced physical or sexual abuse before their incarceration and that much of the abuse occurred while they were children (BJS 1998, as reported by Walsh in *The Washington Post*).

Long-term mental health problems as the result of child victimization are difficult to gauge. A study conducted at the University of South Alabama and published in the January 1999 *Journal of Interpersonal Violence* suggests that adult women with previous histories of child abuse and who have experienced recent sexual assaults, demonstrate poor coping strategies and a greater vulnerability to revictimization. Out of 119 undergraduate women who identified themselves as

having experienced a recent sexual victimization, 42 percent also reported a history of child sexual abuse. Those who suffered child abuse revealed predominately negative coping strategies that included self and societal blame: blaming themselves for being a "victim" type, for being a bad person, for not being able to take care of themselves; and blaming society for being dangerous, for its failure to protect women, and for the emotionally disturbed people who commit sexual assault. Their coping strategy, furthermore, tended to be reinforced by avoidance behavior, overeating, and taking prescription drugs (Arata 1999).

Results of the survey furthermore suggested that the coping strategies used to deal with their adult victimization were likely similar to those they had used to deal with original childhood abuse. The author of the report highlighted the need for additional research on the links between childhood victimization and adult revictimization, and stressed the importance of identifying rape victims who have suffered child sexual abuse and are at increased risk of ongoing trauma-related symptoms (Ibid.).

### **Significant Research**

#### **CHILD VICTIMS AND POSTTRAUMATIC STRESS DISORDER (PTSD)**

Child victims/witnesses of unexpected violent crime resulting in the possible injury of one person by another are likely to suffer PTSD. Current research suggests that the psychological traumatic disability that can result from an actual or possible criminal assault can be seriously debilitating and may entitle the child victim to compensation and personal injury claims (Miller 1999).

Child victims are particularly vulnerable to PTSD. One recent study analyzed startle reflexes in school-age children suffering from PTSD after witnessing a shooting, and found that their physiological startle patterns regressed such that the responses of a ten-year-old child resembled those of a five-year-old. The affected children overreacted to environmental cues as if their "danger-detection system" were permanently engaged. Preliminary experimental data suggests that childhood traumatization impairs "normal neuron-to-neuron synaptic development in the cerebral cortex of the brain's frontal lobe leading to deficits in attention, planning, reasoning, and behavior control" (Ibid.).

#### **NEW VIOLENCE PREVENTION GUIDELINES IN ROUTINE PEDIATRIC PRACTICE**

Following a two-year study of violence and children, the American Academy of Pediatrics (AAP) has recommended that pediatricians integrate violence prevention guidelines into routine clinical practice. AAP proposes that pediatricians take a role in preventing and managing violence in four areas:



- *Clinical Practice.* Identify risk factors within the family such as substance abuse, history of mental illness, and stresses that lead to violence and make appropriate referrals. Screening should begin during prenatal visits and continue through young adulthood.
- *Advocacy.* Become advocates for children by offering quality affordable child care, counseling against corporal punishment, and collaborating with other child advocacy disciplines to maximize efforts.
- *Education.* Call upon medical schools and pediatric residency programs to enhance their own knowledge and skills in the area of violence prevention and to develop and institute appropriate curricula on prevention and management of youth violence.
- *Research.* Contribute to research on youth violence prevention by participating in violence-related, practice-based research projects (AAP January 1999).

### **Reporting Requirements for Child Abuse and Neglect**

Physical abuse, neglect, and emotional maltreatment are all defined by law to be acts committed by parents or caregivers. A stranger or acquaintance is not subject to charges of physical abuse or neglect of a child. Sexual abuse and exploitation, however, can be committed by parents, caregivers, friends, strangers--anyone who gains access to the child.

Most states and the federal government have enacted laws and specified professionals who are mandated to report child abuse and neglect. These *mandated reporters* are individuals who, in their professional relationship with the child and family, may encounter child maltreatment. Some states are more specific in delineating those mandated to report abuse, but most states do include physicians, other medical professionals, counselors, social workers, and school personnel. In addition to delineating who must report, most states provide language that addresses the following:

- *To whom the report should be made:* Departments of social services, child welfare, family service or agencies of public welfare are usually designated to receive such reports. Some states indicate a report to a law enforcement agency is necessary as well.
- *Under what conditions a mandated reporter must report:* States normally mandate the reporting of child abuse or neglect when there is a suspicion of, reasonable cause to believe, or reasonable cause to suspect abuse or neglect.
- *Time period in which the report must be investigated by social services or another designated agency:* States vary in their time requirements to investigate suspected cases, but time periods normally range from two hours to thirty days.
- *Type of action to be taken if mandated reporters fail to report:* All states, with the exception of one, penalize the nonreporting of suspected cases of

child abuse or neglect. Such disciplinary actions may include a fine and/or imprisonment or the reporter can be charged with a misdemeanor. These penalties do not include agency or licensing sanctions, which are determined on a state-by-state basis.

- *Type of immunity provided mandated reporters who make a report:* All states allow for immunity from civil or criminal actions for good faith efforts.

Not all cases of abuse or neglect are detected by those mandated to report them. In fact, the largest numbers of reporting come from private citizens who witness, hear, or suspect abuse or neglect. These interested parties may include other family members, neighbors, parents of childhood friends, and other concerned citizens. However, several factors may curtail the reporting of abuse or neglect by private citizens:

- Lack of knowledge of whom to call.
- Lack of knowledge of confidentiality laws that protect anonymous reporters.
- A desire to not become involved in the "personal matters" of others.

Accepting an anonymous report of abuse entails risks. The report may be false, and implicit in anonymity is the refusal to serve as a witness if the case is proven to be criminal in nature. Consequently, the lack of full disclosure might put the alleged abused child at greater risk. Although most agencies take such reports seriously and investigate them, many agencies and most states do not have specific mandates or policies regarding the investigation of child abuse/neglect reports through an anonymous tip (Tower 1993, 234).

In working with child victims, either as victims or witnesses, it is important to remember the following:

- Children experience emotional reactions just the same as adults do and can experience posttraumatic stress disorder.
- Children are often more traumatized than adults when a casual acquaintance is victimized.
- Trauma in children can take years to manifest.
- Children's traumatic reactions cannot be prevented but can be minimized when assistance is provided as soon as possible.

Delay should not occur because the caregiver, service provider, or support person feels the child is "too young" to understand.

## **Creating a Multidisciplinary Approach to Child Abuse and Neglect**

Because many child abuse and neglect cases involve simultaneous responses by child protection, law enforcement, victim assistance, and social service agencies, professionals have come to recognize the benefits to be gained not only by the investigating agencies but also by the child victims when their investigations are better coordinated. Hundreds of communities have developed multidisciplinary teams (based in hospitals, police departments, prosecutors' offices, and child protection and nonprofit agencies) to improve coordination and communication among the personnel involved in these cases. One of the most important reforms brought about by multidisciplinary teams is the ability to conduct joint interviews of child victims, reducing the number of interviews and interviewers to which child victims are exposed in the course of an investigation (OVC 1998).

While the ultimate goal of each agency is to protect the child, each agency nevertheless operates with different policies, procedures, and goals. The civil child protection system and the criminal justice system are complex parallel systems and, while they collaborate in a multidisciplinary approach, the victim assistance professional must appreciate the distinct roles of the entities: the child protection workers, the court-appointed special advocates (CASAs), law enforcement, prosecution, victim/witness assistance, guardians ad litem, physicians and/or nurses, and mental health services. The potential for the duplication or overlapping of services and procedures is high. To reduce this possibility, many states have incorporated a multidisciplinary team approach to do the following:

- Share information, expertise, and experiences.
- Determine the need for intervention and to coordinate the best approach for action.
- Assess risk factors for the child.
- Determine service needs.
- Determine the child's ability to participate in justice processes.
- Ease the trauma of the child's participation in the process through the reduction of multiple interviews, exams, and the number of protective and criminal justice personnel interactions with the child and/or family members.
- Reduce replication of service to the child victim and family.

To determine if allegations of child abuse or neglect are "founded," the following formal procedures should be initiated in a multidisciplinary approach:

- Law enforcement and the child protective service agency, either jointly or individually, should conduct an investigation of the alleged offender that includes a record check for previous criminal offenses and previous child protective services reports that might involve charges or allegations of child, familial, or spousal abuse, substance abuse, or other behaviors that would increase the likelihood of child abuse and neglect. They should interview the alleged offender(s), and where appropriate, other family members, neighbors, medical personnel. In the case of juveniles, the parent or caregiver should be present. Concurrently, they should conduct a visit to the home of the victim who has alleged abuse to observe family dynamics, and to check for other conditions that might indicate abuse or neglect (such as poor sanitation and lack of heat or electricity).
- The victim who has alleged abuse and other children in the family should be *physically inspected by a medical professional* for additional evidence of abuse or neglect.
- The victim who has alleged abuse and other children in the family should be *assessed by a mental health professional* for evidence of emotional abuse or neglect.
- Appropriate victim assistance services should be provided, particularly in cases that result in criminal prosecution or juvenile court adjudication.

While the information in this chapter most often deals with child abuse and neglect perpetrated by family members, other individuals can and do commit these same acts against children. These individuals may include teachers, clergy, institutional or paid caregivers, etc. They are not the focus of this chapter, however, but are mentioned to alert the reader that cases such as these exist. Because specific laws have been enacted to address maltreatment of children by professionals such as these, they will often be charged with criminal or civil violations, in which case the primary investigator will be a law enforcement agency and not a child protective service agency.

## **CHILD ADVOCACY CENTERS**

Perhaps the best examples of the team approach to handling child victim cases are child advocacy centers. More than 350 communities have established or are developing child advocacy center programs, which allow law enforcement officers, prosecutors, child protection workers, victim advocates, and therapists to interview children and provide services in a single, "child-friendly" location rather than in several intimidating environments. Child advocacy centers provide holistic multidisciplinary case responses to children during various stages of treatment and criminal justice intervention. Some centers have facilities for medical examinations, many are equipped with one-way mirrors and videotaping capacity, and all are designed and furnished with young children in mind. The U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP) provides funds to communities seeking to establish or strengthen child advocacy centers. The funds are administered by the National

Children's Alliance (formerly National Network of Children's Advocacy Centers) (OVC 1998, 390).

## **CHILD DEATH REVIEW TEAMS**

"When an infant dies of an injury, murder is the most common cause," reports the first large-scale study of injury deaths in the first year of life. According to researchers at the National Institute of Child Health and Human Development, 23 percent of the 10,370 injury-related infant deaths reported between 1983 and 1991 were murders. Infants were more likely to die of injuries, including murder, if their mothers were young, unmarried and had little education (*USA Today* 1999).

Until recently, the death of a child as a result of chronic abuse was not recognized under most state laws as an intentional homicide nor prosecuted as first-degree murder. Today more than twenty-three states have adopted child "homicide by abuse" laws that do not require proof of specific intent to kill when a child's death results from abuse, thus allowing stiffer sentences, sanctions, and penalties. (NCPCA 1993) Child death review teams now exist in all fifty states and are charged with examining the circumstances surrounding certain fatalities known or suspected to be the result of child abuse or neglect. (U.S. Advisory Board on Child Abuse and Neglect, 1991). The goal is to identify indicators or risk factors to signal earlier intervention in hopes of preventing future deaths (OVC 1998, 390).

In November 1996, the Interagency Council on Child Abuse and Neglect (ICAN) launched the National Center on Child Fatality Review. With support from the Times Mirror Foundation, the U.S. Department of Justice, OJJDP, and others, the Center works to--

- Act as a source of information exchange and develop services to provide accountability for the deaths of innocent children.
- Develop services for survivors of victims of fatal child abuse.

The Center's repository of information from case reviews provides a valuable resource to prevent future child fatalities, serious abuse and neglect, and accidental injuries and death (ICAN 1997).

## **COURT-APPOINTED SPECIAL ADVOCATES**

For children who are the subject of protection proceedings, typically in a juvenile or family court, the Child Abuse Prevention and Treatment Act requires states to provide them with independent representation. Traditionally, children were represented in such cases by an attorney appointed to act as guardian ad litem. Courts in hundreds of communities, however, are also utilizing volunteer court-appointed special advocates (CASAs) who perform independent investigations of the children's circumstances and file their own reports. A national organization,

the National Court-Appointed Special Advocate Association, is funded by OJJDP to help courts establish a volunteer program and to standardize training for volunteer advocates who provide support for children who choose to speak at sentencing hearings (OVC 1998, 391).

## **LEGAL ADVOCACY**

The American Bar Association has developed standards and practices for lawyers representing children in abuse and neglect cases. In addition, numerous victim assistance programs have expanded their roles to include specific support mechanisms or special programs for child victims. The most extensive programs offer education for children about the criminal or juvenile justice system and their role as witnesses; tours of the courtroom and introductions to judges, bailiffs, and attorneys; and role-playing opportunities to practice answering questions in a courtroom setting. Some programs even teach children stress reduction techniques. Victim advocates also work with children to prepare victim impact statements that are commensurate with their age and cognitive development and offer support for children who choose to speak at sentencing hearings (OVC 1998, 391).

## **METHODS OF WORKING WITH FOUNDED CASES OF NEGLECT AND ABUSE**

When a reported case of abuse and neglect does not have concrete evidence, its disposition can be relegated to one of two categories. When reported cases of child abuse and neglect are determined to be unfounded, the files are closed and no other action is taken. If an investigation does not find concrete evidence of abuse, but a suspicion of abuse lingers, the case is "pending" for an additional followup and if, within a specified time, no other reports are filed, the case is closed.

Founded cases of abuse or neglect are handled either by a child protection agency or a representative of the criminal justice system. Not all cases of child abuse or neglect are criminal in nature, nor do all founded cases of abuse or neglect require the removal of the child from the home. While financially strapped parents and caretakers may be capable of loving and nurturing their children, they may be unable to provide adequate food or shelter for them. The same applies for many parents who are mentally, emotionally, or physically unable to meet all of their child's needs. Although these conditions of neglect are more understandable, they are not excuses to allow a child to remain at risk of harm.

Child protective services and family courts work to keep such families together by providing financial assistance for food, housing, and medical care, and the services of a paid child protective services "homemaker" to train parents on how to clean their homes and children's clothes, to cook healthy meals, and to practice good physical hygiene. "Homemakers" may provide transportation for

children and/or other family members to and from medical or mental health appointments.

In cases of willful abuse, where the child is not in immediate danger, child protective agencies will work with family members to resolve problems and reduce stress that might have precipitated the abuse or neglect. Agencies frequently incorporate the use of "contracts" between the agency and the abuser(s), which specify strict requirements that the parent or caretaker must meet if he, she, or they wish to retain custody of the child. Conditions contained in "contracts" might include the following:

- Anger management classes.
- Substance abuse treatment programs.
- Mental health counseling.
- Employment or employment training.

Parents may also be required to attend parenting classes to learn the proper care of the child and to identify and learn to manage the stress--causing factors that may have led to the child's physical abuse or neglect.

Follow-up home and office visits are conducted for a specified length of time to ensure that the conditions of the contract are met. The contract will normally outline specific policies and procedures if conditions are not met or if another report of abuse or neglect is filed:

- The removal of the child.
- The extension of time during which the parent(s) may be monitored by an agency.
- Increases in conditions.

## **FOSTER CARE PLACEMENT**

The removal of a child from his or her home may result in a significant emotional toll on the child. Historically, it has been the accepted philosophy of the court system, child protective service agencies, and mental health professionals that a child should remain in the home unless his or her life is threatened, and that services should be focused on reuniting the family. In some jurisdictions, however, this philosophy is changing to err on the side of caution and to remove children who appear to be at-risk for further abuse or neglect. When the temporary or permanent removal of the child from his or her home is required, placement can be either in foster care or in another family member's care. The

parent(s) or the caregiver must meet certain conditions prior to the child being returned home.

The intervention of the family or juvenile court is required to remove a child from the home and place him or her in foster care. Only in cases where an emergency removal of the child is warranted can child protective officers act without the direct permission of a judge in removing the child. Even then, the court must be notified and must hold what is referred to as a "shelter care" hearing within seventy-two hours to determine the child's placement. Most states recognize a seventy-two-hour deadline but policies can vary from state to state.

Children who are removed from their home may experience a range of emotions and reactions, including:

- Acting out in physically threatening ways, hoping they will be removed from the foster setting and returned home.
- Withdrawing from the foster caretaker and refusing to participate in planned activities.
- Crying excessively.
- Feeling betrayed by either the abuser or the reporter of the abuse.

When an abused child's ability to "trust" the system designed to protect him or her has been compromised, they may not report future abuse. Abused children have been known to recant prior statements concerning the abuse so they can return home. Children placed in foster care should receive mental health counseling and should have access to other family members or caring professionals with whom they can share their emotions. They should be kept apprised of future plans for their housing to aid them in accepting their current (and hopefully) temporary situation.

### **FACTORS THAT MAY INFLUENCE CHILDREN TO NOT REPORT VICTIMIZATION**

- Age and developmental skills may preclude an ability to do so.
- Lack of knowledge of whom to or how to report abuse.
- Fear of retaliation from the offender or other family members.
- Fear of not being believed.
- Unaware that the situation is not "normal."
- Shame or blame for abuse.



- Fear that the offender will act on threats made against the child and/or other family members.
- Perhaps most importantly, feels love for the abuser.

When the findings of the child abuse or neglect investigation uncover acts that are criminal in nature, criminal charges are often filed against the offender. These acts normally include severe or life-threatening cases of child physical abuse and cases of child sexual abuse (Tower 1993; Besharov 1988; Finkelhor 1994).

### **Children as Victims and Children as Witnesses in the Criminal Justice System**

Children have participated in the judicial process throughout history--but seldom without controversy. Their age, lack of societal sophistication, and inability to follow abstract concepts led America's judicial forebearers to believe that children were not competent to come before the court and repeat what they saw or heard or what had happened to them. They have been described by some as the most dangerous of all witnesses. "Concern over children's capabilities as witnesses has intensified in recent years because more and more children--some only three or four years old--are testifying. Children often testify in civil courts such as family or probate courts, but because the criminal court ultimately decides whether persons who are accused of serious offenses must relinquish their liberty, the rules of procedure are more strict than in civil courts and the witness testimony, particularly that of children, is subject to greater scrutiny" (Whitcomb 1993).

Children are most likely to testify in criminal court when they are victims who allege sexual abuse:

- Every state in the country defines a wide range of sexual behaviors as criminal when they involve activity between an adult and a child.
- Growing awareness and outrage over sexual abuse--whether committed by parents, other relatives, acquaintances, or strangers--demand a greater emphasis on criminal prosecution of alleged offenders.
- Allegations of child sexual abuse are often contested, thereby increasing the likelihood that cases will go to court and that children will have to testify.

Physical abuse, although reported to child protection authorities far more frequently than sexual abuse, is less likely than sexual abuse to be prosecuted as a criminal offense:

- There is a lack of consensus in society at large about the "fine line" between acceptable discipline and criminal physical abuse.

- Physical abuse victims are often preverbal--even infants--who cannot identify their assailants, much less testify at trial.
- Unless the child suffers serious physical injuries (or death) as a result of the alleged abuse, it is generally felt that the resources of the child protection system--whose mandate is to protect children, rehabilitate offenders, and preserve families--are likely to be more effective in preventing future incidents of abuse.

During the 1970s, special programs were established in many communities to assist adult rape victims through the ordeal of repeating their stories to numerous investigators and ultimately revealing their victimization in a public forum with the defendant present. Before long, however, victim assistance professionals realized that a large portion of their clients were children and that child victims were treated no differently than adults in the criminal justice system. They were required to give statements to the police and testify under oath; and in court, they were subjected to full cross-examination in the presence of the defendant. Victim advocates quickly learned that:

- By definition, children are developmentally not on a par with adults.
- By definition, the adjudication process is far more cumbersome for children than adults.
- The dynamics of child sexual abuse are different than the dynamics of adult sexual assault.

In 1982, the President's Task Force on Victims of Crime addressed the need to treat child victims and witnesses differently than their adult counterparts. Simultaneous to the issuance of the *President's Task Force's Final Report* recommendations, the first comprehensive piece of crime victims' legislation was enacted on the federal level. For the first time, fair treatment standards for victims and witnesses were mandated, including child victims and witnesses, through the passage of The Federal Victim and Witness Protection Act of 1982. Since the enactment of this landmark Act, more than a decade of newly enacted federal and state legislation has followed. Most notably is the Victims of Child Abuse Act of 1990. With its passage, children in the federal justice process have been afforded rights never granted before. Specific to prosecution, the Act mandates the following:

- Consultation with multidisciplinary teams to receive information on medical evaluations; psychological and psychiatric diagnosis and evaluations; and expert medical, psychological, and related professional testimony.
- Allowing children to testify via two-way closed circuit television if: the child is unable to testify in open court due to fear; it is likely the child will suffer undue emotional trauma from testifying; the child has physical, mental or

other infirmities; and conduct by the defense or the defendant causes the child to be unable to continue with his or her testimony.

- Limiting the competency examinations of children except when the court determines, on the record, compelling reasons for doing so.
- Ensuring privacy protection for child victims and witnesses and confidentiality of information concerning the child's identity.
- Allowing the child to be accompanied during the court process by a supportive adult.
- Mandating a speedy trial in order to minimize the length of time the child must endure the stress of involvement with the criminal justice process.

Today many states have adopted similar laws and enacted programs and services to meet the specific needs of child victims and witnesses. Many communities have established very detailed and extensive protocols, policies, procedures, and interagency agreements for implementing multidisciplinary approaches to child victimization. Some courts have lowered their competency requirements and some courts have begun to allow children to testify via two-way cameras, video cameras, and other electronic means. Training opportunities now exist nationwide for criminal justice and victim assistance personnel who work with children.

Children who report, witness, or endure crimes not only suffer emotional ramifications of the abuse in and of itself, but are often called upon to participate in an adversarial, formal, and adult-oriented system. Without properly trained criminal justice professionals such as law enforcement, victim advocates, prosecutors, probation officers, judges, and parole officials and without specialized programs and services for child victims and witnesses, children participating in the justice process can experience a secondary form of victimization. Services for child victims and witnesses should not be dictated on the strength of a criminal case; rather, the criminal process should be seen as only one element in the handling of child victims and witnesses. There is no doubt that prosecutions are improved with victim/witness support and assistance from criminal justice personnel to child victims and witnesses and their parents and guardians. Child victims and witnesses who possess an understanding of and degree of comfort with participating in the legal system are--

- More at ease with the role they are to assume in the prosecution of the defendant.
- More cooperative with the justice process.
- Better able to cope with the intimidating and often traumatic experience of testifying.

Parents and guardians of child victims and witnesses who are familiar with the justice process, their child's rights in the criminal justice system, and the role their child will have are better able to--

- Support their child's participation throughout the justice process.
- Identify and meet their child's emotional needs.
- Understand their own emotional needs and concerns.

(Portions of the preceding sections were excerpted from, "Child Victims as Witnesses: What the Research Says," Debra Whitcomb, EDC, 1993.)

## **CHILDREN AND THE COURT**

Court preparation programs that include nonoffending families, guardians, and siblings are important to reduce the child victims' or witnesses' anxiety and their own concerns for the child's emotional and physical safety. Sometimes parents or guardians and siblings feel more anxious than the child victim or witness about court participation. It is important to keep their needs in mind as well. If a parent or guardian is supportive of victim services, he or she is more likely to allow the child victim or witness to fully participate in all phases of the justice process.

The testimony of child victims and witnesses plays a substantial role in the successful prosecution of a criminal case. However, the involvement of children in the justice process brings many unique challenges to victim assistance personnel charged with supporting and aiding these children as they go through the process.

Children bring with them many preconceived notions about the court process that can induce intense fears and anxiety. Many children have watched television programs in which court trials have been portrayed in less than flattering ways. Although criminal justice professionals are aware that these portrayals do not accurately represent real court trials, children are not always aware of this. It is important that the child realizes that his or her version of court is not always correct or properly represented on television. This can be done by asking the child what he or she knows about court, and if he or she has watched any television shows depicting a trial, alleviating fears the child victim or witness may have.

Children who are required to testify against family members face additional burdens of guilt, shame, and confusion. Criminal justice professionals should make an extra effort to determine if the child has been subjected to any interfamilial pressure to change his or her testimony, or subjected to taunts and remarks about "destroying the family." Additionally, the criminal justice professional must never make the child feel that his or her testimony will be the deciding factor in establishing guilt. Rather, children must be reassured that their

testimony is only a small part of a criminal case (See generally OJJDP 1994; Selkin 1991).

## **CHILD VICTIMS OF JUVENILE OFFENDERS: AN UNDERSERVED VICTIM POPULATION**

In the growing wake of juvenile crime, the juvenile justice system is seeing increased numbers of child victims and child witnesses of these crimes. Few programs exist, however, to prepare these children for participation in juvenile court proceedings.

Historically, child witness preparation programs have been reserved for victims of sexual or extreme physical abuse when, in fact, child victims and witnesses of juvenile offenders can suffer the severest forms of intimidation, harassment, and reprisal from juvenile offenders or their representatives. Victim assistance personnel should provide support and referral services for these victims and witnesses just as they do for child sexual assault victims and families. Child victims, witnesses, and their families should be informed of the growing number of victims' rights and services available within the juvenile justice system. (see Juvenile Justice chapter for additional information on these topics).

## **DOMESTIC VIOLENCE AND ITS EFFECTS ON CHILDREN**

Family violence researchers have begun to study the harmful consequences to children witnessing domestic violence. While it seems obvious that observing a mother's abuse would cause trauma to a child, some but not all children are affected. They experience the impact differently, making it difficult to address the complex policy issues facing family violence experts today. According to Carlson, the immediate negative effects to a child who witnesses violence against his or her mother appear to translate into low self-esteem, behavioral problems, reduced social competence, depression, and anxiety (Carlson 1990). One of the difficulties complicating the identification of the negative effects of parental violence on children is that many witnesses are also victims of physical abuse.

The first national survey on family violence forcefully confirmed the connection between violence in childhood and the later use of violence. "The sons of the most violent parents, for example, had a rate of wife beating 1,000 times greater than the sons of non-violent parents." (Stark and Flitcraft 1985). Among females, childhood domestic violence may manifest in an increased vulnerability to victimization, and specifically in the increased likelihood of spousal victimization as adults. Furthermore, both men and women who reported being hit by their parents were more likely to hit their own children (Cappell and Heiner 1990).

A revision of child abuse statutes to make domestic violence a reportable form of child abuse and make afflicted children more visible nevertheless poses serious problems. According to Schechter, Conte, and Frederick, Massachusetts Social

Services launched Project Protect in 1989 to make spousal abuse a reportable form of child abuse with the unintended result that fewer abused women sought assistance from public agencies for fear of losing custody of their children.

In practice, new models will require many different interventions. Domestic violence will have to be taken seriously in child abuse case screening, investigation, assessment, service delivery plans, and custody determinations. Child protective services will have to go beyond the traditional interventions of respite care and parent education to include court and housing advocacy as well as other supportive services for mothers, sanctions against batterers, added protections and safety planning for child and adult victims, and family preservation efforts aimed at keeping women and their children together and safe.

(Portions of the preceding section have been excerpted from " Violence and Children: What Should the Courts Consider?" *Journal of Family Violence*, Susan Schechter, Jon Conte, and Lorreta Frederick, p. 10.)

## **CHILDREN WHO WITNESS OTHER TYPES OF VICTIMIZATION**

Kilpatrick's and Saunders' research measured the lifetime experience of children who saw someone shot with a gun, knifed, sexually assaulted, mugged, robbed, or threatened with a weapon. The researchers did not include witnessing violence portrayed in the media--on television, in the movies, or in print. In measuring the lifetime experience of witnessing violence, as described above, they found the following:

- 43% of male adolescents and 35% of female adolescents had witnessed some form of violence firsthand.

Significantly, according to BJS, the study excluded approximately 30 percent of adolescents who had directly observed someone being beaten up or badly hurt. Had the researchers included these adolescents in their overall calculations, the prevalence of witnessing violence would have risen to 72 percent for the entire sample of respondents (Kilpatrick and Saunders 1997).

## **Promising Practices**

- Court School for Children. Today, many victim assistance programs across the nation utilize court schools and court orientation sessions to prepare children for their roles in court. Child--friendly activities allow children to learn about court and familiarize themselves with the courtroom and its personnel by using fun and nonthreatening activities. In states that still require competency exams for children, the court orientation program can serve as a preliminary evaluation of the child's ability to adapt and perform new surroundings during a stressful period (Alexander 1994).

- Ident-A-Kid. Based on recommendations from the FBI and current data from the National Center for Missing and Exploited Children, Ident-a-Kid is a proactive resource guide developed to assist parents in the creation of a collection of material that would easily identify their children were they to disappear.
- Safe Kids/Safe Streets. Safe Kids is an innovative, five-and-one-half-year demonstration project that improves community response to child and adolescent abuse and neglect. Five sites have been funded through Safe Kids: Huntsville, Alabama; the Sault Sainte Marie Tribe of Chippewa Indians in Michigan; Kansas City, Missouri; Toledo, Ohio; and Chittenden County, Vermont. The sites are working to--
  - Restructure and strengthen the criminal and juvenile justice systems to be more comprehensive and proactive in helping children and adolescents and their families who have been or are at risk of being abused and neglected.
  - Implement or strengthen coordinated management of abuse and neglect cases by improving policies and practices within the criminal and juvenile justice systems and the child welfare, family services, and related systems.
  - Develop other comprehensive community wide, cross-agency strategies to reduce child and adolescent abuse, neglect, and fatalities (OVC 1998, 392).
- Megan's Law CD-ROM. The California Department of Justice has developed a CD-ROM program containing photographs, criminal convictions, and detailed descriptive information on the more than 77,000 sex offenders in California. Since July 1997, the CD-ROMS have been distributed to more than 350 local, state, and federal law enforcement agencies. Since that time, more than 15,000 Californians have accessed the information contained in these CD-ROMS to better protect individuals at risk. The CD-ROMS will be updated and distributed to law enforcement on a quarterly basis. In addition to the development of the CD-ROM, the California Department of Justice systems now capture information on disclosures made to the public pursuant to Megan's Law. It is information about these disclosures, such as a parent being advised of a serious sex offender who had befriended his or her child, that may be searched for investigative purposes (Seymour 1998, VIII-101).
- Telemedicine Program for Providing Diagnostic Support Satellite. The diagnosis of violence-related injuries most often depends on a visualization of the injuries. In response to the need for immediate visual consultations in cases of child abuse and neglect, the Los Angeles County and University of Southern California Center for the Vulnerable Child/Violence Intervention Program (CVC/VIP) developed a first-of-its-kind telemedicine program for providing immediate diagnostic support to programs including rural clinics and emerging Child Advocacy Centers and Multidisciplinary Teams.

The telemedicine program is in daily use by satellite programs (High Desert Hospital and Olive View Medical Center in California; Alaska; and various Indian reservations). It is currently being expanded throughout Los Angeles County for use as peer review and continuing medical education. This program is used by centers with sophisticated technology or by programs that simply rely on 35mm or digital photography (Seymour 1998).

- The Center for the Vulnerable Child. The Center for the Vulnerable Child at the Los Angeles County, University of Southern California Medical Center was founded in 1984 as one of the first hospital-based family violence advocacy centers in the nation. The "state-of-the-art" medical treatment and forensic documentation provided by the center is complemented by a multidisciplinary approach, including legal, social, and mental health services, to guarantee that all patients are treated with dignity. The center uses new interactive computer technology called telemedicine to consult with health providers in rural areas on conducting examinations of abused children. In addition, the center is using Office for Victims of Crime funding to develop a hospital-based emergency shelter for victims of spousal abuse and their children to serve as a laboratory and training site. The shelter will provide a safe environment and will assist victims of spousal assault by assessing the potential for repeated violence to parents and children in a safe environment (OVC 1998, 206).
- The Center for Child Protection. At Children's Hospital in San Diego, California, the Center for Child Protection (CCP) was established in 1976 to address the prevention, diagnosis, and treatment of child abuse and family violence. Its services include intensive home visiting, assessment, and case management; support for pregnant and parenting teenagers; assistance to women in identifying and assessing resources to break the cycle of family violence; and individual, group, and family therapy for victims of child abuse and their caretakers. The success of these programs led to numerous requests for training and technical assistance from other health care providers. In response, CCP started a clinical training program that offers accredited continuing education to physicians in conducting the medical evaluation of child sexual abuse and to interview specialists in conducting forensically defensible videotaped interviews of children. CCP's San Diego Conference on Responding to Child Maltreatment and Summer Seminars by the Sea provides "state-of-the-art" multidisciplinary education to 2,000 professionals from around the world each year (OVC 1998, 206).
- Childhelp USA, the sponsor of a national toll-free child abuse hotline (800-4-A-CHILD and TDD hotline 800-2-A-CHILD), provides a variety of important services to child abuse victims and their families, including:
  - Residential treatment facilities located in California, Virginia, and Tennessee.



- Children's Advocacy Centers in Knoxville, Tennessee and Manhattan, New York.
  - A coalition of law enforcement agencies, prosecutors, social service agencies, medical professionals, victim service providers, and crisis counselors located in Phoenix, Arizona.
  - Foster care and group homes in Southern California and Virginia that provide nurturing refuge until foster or adoptive parents are found, or the child can safely return to his or her parent(s).
  - Educational, community outreach, and public awareness programs including: Head Start preschools for at-risk children; parenting education; child sexual abuse prevention programs in elementary schools; seminars and training programs relevant to child abuse; dissemination of informational materials; and public service announcements about child abuse prevention and treatment.
- Model Courts. A recent initiative of the National Council of Juvenile and Family Court Judges (NCJFCJ) is the Model Courts Initiative, recently renamed the Permanency Planning for Children Department (PPCD). PPCD's goal is to educate judges and other practitioners on the need to expeditiously secure safe permanent placements for all maltreated children, either by making it possible for them to safely stay with or return to their own families or by finding them safe adoptive homes. The Child Protection Division of the Cook County Circuit Court established a Model Court in 1996. At that time, more than 58,000 children were under its supervision. The court instituted a comprehensive approach that included coordination of effort among the court, related government agencies, legal community, and community-based child welfare and adoption advocacy group in the handling of abuse and neglect cases. As a result, court operations were streamlined, case backlogs were reduced, and the caseload dropped to 31,534 children as of the end of August, 1998.

The Hamilton County Juvenile Court in Cincinnati Ohio spearheaded a new adoption initiative that involves twenty-three counties in the three states of Indiana, Ohio and Kentucky. Court officials and related professionals from these counties have formed a coalition to identify and address local, state, and regional barriers to adoption. The court has developed an Internet site [www.hcadopt.org](http://www.hcadopt.org) that lists children awaiting adoption (OJJDP 1999).

- The Child Witness to Violence Project is a counseling, advocacy, and outreach project at Boston City Hospital that addresses the needs of children who are bystanders to community and domestic violence. Services include assessment, counseling, parent guidance, advocacy, and coordination with legal and social service agencies. The project began in 1992 and currently counsels over 200 children and their families each year, in addition to implementing both national and state-focused training programs for health care professionals, law enforcement, educators, and

many victim service professionals who confront issues of children witnessing violence. The Child Witness to Violence Project, Boston City Hospital, Talbot 217, 818 Harrison Avenue, Boston MA 02118 (617-414-4244).

- Families and Schools Together (FAST) program is a nonprofit family counseling agency in Madison, WI that helps at-risk youth (ages three to fourteen) build relationships through a research- and family therapy-based, multifamily group approach to preventing juvenile delinquency. Originally a program that provided court-ordered therapy with drug and alcohol-involved violent youth, it is currently a collaboration between family services and elementary school teachers to identify school children about whom they have behavioral concerns. It provides structured opportunities in relationship-building interactions with parents and other caretakers, peers, and school and community representatives from which they can develop "social safety nets" for at-risk periods. The program seeks to strengthen parent-child relationships; empower parents to be primary prevention agents for their children; improve the child's performance at school; empower the parents to be partners in the educational process; increase family affiliations with schools; educate the family about substance abuse and its impact on child development; link the families to treatment centers; develop ongoing support groups for parents of at-risk children; and build the self-esteem of the family members (McDonald and Frey November 1999).
- Through My Eyes is a nine-minute video tape produced by the Office for Victims of Crime and Video/Action Fund that tells the story of children who are exposed to violence and how such exposure affects their well-being and their emotional/psychological development. The videotape is intended for a wide audience, including those who work with children at risk, law enforcement, criminal justice professionals, child victim service providers, and policymakers. Available free from the Office for Victims of Crime Resource Center (800-627-6872), NCJ 178229.

### **Child Victimization Self-Examination**

1. What are the five types of child victimization?
2. Why might a child have difficulty in disclosing his or her abuse?
3. What are the most common emotion(s) children of abuse suffer? Why?
4. List three benefits of multidisciplinary teams.
5. What three areas of child victimization were addressed under the 1994 Violent Crime Control and Enforcement Act? How were they addressed?